

RECEIVED
CENTRAL FAX CENTER

JUN 20 2005

FACSIMILE TRANSMISSION

TO Group Art Unit - 2611
FIRM U.S. Patent and Trademark Office
CITY Washington, D.C.
FAX 703-872-9306
PHONE
NO. OF PAGES 2 (including this page)
DATE June 20, 2005

MESSAGE: Re: U.S. Patent Application S/N 10/050,063
Our Ref.: ANTE-101.1(US)

Sir,

Please find enclosed an executed Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address with reference to the above identified U.S. Patent Application. Please process accordingly.

Kelley Drye & Warren LLP
Two Stamford Plaza
281 Tresser Boulevard
Stamford, CT 06901

PLEASE CONFIRM RECEIPT OF THIS FACSIMILE TRANSMISSION.

FROM Hans-Peter G. Hoffmann
PHONE (203) 351-8011
E-MAIL phoffmann@kelleydrye.com
TIMEKEEPER ID 05237
CLIENT NO. 090001-0000

CT01/TERRV/215495.1

RECEIVED
CENTRAL FAX CENTER

JUN 20 2005

PTO/SB/82 (04-05)

Approved for use through 11/01/2005, OMB 0551-0005
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/050,063
Filing Date	January 14, 2002
First Named Inventor	Joel Rosiene
Art Unit	2611
Examiner Name	TBD
Attorney Docket Number	ANTE-101.1 (US)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

47870

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	KELLEY DRYE & WARREN LLP		
Address	TWO STAMFORD PLAZA 281 TRESSER BOULEVARD		
City	STAMFORD	State	CT
Country	US		
Telephone	203-324-1400	Email	
Zip	06901-5229		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Curtis Schehr</i>		
Name	Curtis Schehr		
Date	6.16.05	Telephone	703.246.0635

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-4450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

UNREPRODUCIBLE COPY